



61
Corres. and Mail
BOX AF

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2828, Expedited Procedure

In re Application of:

Docket No. 03560.002360

JUN NITTA

Application No.: 09/267,362

Examiner: A. Rodriguez

Filed: March 15, 1999

Group Art Unit: 2828

For: LASER WITH PHASE CONTROLLING
REGION AND METHOD FOR
DRIVING THE SAME

November 5, 2003

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 24	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	\$ -0-
Fee for Multiple Dependent claims \$145°/\$290						\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a __-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter G. Thurlow
Attorney for Applicant

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 382047v1



Assistant Commissioner for Patents
Washington, D.C. 20231

Date 3 / 30 / 00
Mo. Day Yr.

Atty. Docket 351 92560

Application No. 29/267362

Sir:

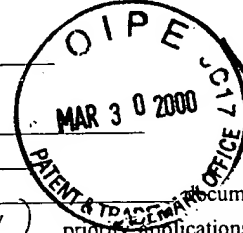
Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☒ Claim for priority and certified copies of one (1) priority application
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and returning to deliverer.

Atty. LPD/ASH

Due Date 4 / 10 / 00
Mo. Day Yr.



FCIS-D-96

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TECHNOLOGY CENTER 2800